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Prescription Drug Abuse: Opioids

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The abuse of prescription drugs, particularly opioid analgesics, is a serious problem that is escalating rapidly. Although most people use medications responsibly under the care of their physician, an estimated 52 million people in the United States have abused prescription medications in their lifetimes. This represents approximately 16 percent of the U.S. population. Of these, the National Institute on Drug Abuse estimates that more than 600,000 adults are currently addicted to opioid derived medications such as OxyContin® and Vicodin®.

Among teens the abuse of these painkillers continues to rise at alarming levels. Approximately 10 percent of 12th-graders reported abusing Vicodin in 2008, ranking it among the most commonly abused drugs among high school seniors.

What are opioid medications?

Opioids and their derivatives have been used for centuries for their analgesic (pain relief) effects. Originally derived from the Asian poppy, opium has been consumed in tonics, smoked in opium dens and injected in the form of morphine and heroin.

Today's narcotic analgesic medications are derived from opium or from its synthetic cousins. These medications are prescribed by physicians for pain, nausea, diarrhea and coughing. Medications that fall within this class of drugs include morphine, codeine, oxycodone (OxyContin®), propoxyphene (Darvon®), hydrocodone (Vicodin®), hydromorphone (Dilaudid®), meperidine (Demerol®) and diphenoxylate (Lomotil®).

How do these medications work?

Narcotics provide relief from pain by attaching to specific opioid/pain receptors located in the brain, spinal cord and the gastrointestinal tract. The primary action of these drugs is to block the transmission of pain messages to the brain. Narcotics also produce euphoria or a high by dramatically increasing the amount and availability of the chemicals in the brain that produce pleasure. These medications can also produce drowsiness, cause constipation, and, depending upon the amount taken, depress breathing.

Tolerance and addiction

Extended use of opioid medications produces drug tolerance. Tolerance occurs when the user requires increasingly higher doses to achieve the relief or effect produced by the initial dose. Increased tolerance and long-term use can lead to physical dependence and addiction.

Addiction is defined as continued and compulsive use in spite of harmful consequences. Symptoms of opioid addiction include:

- increased tolerance
- prolonged sedation and/or nodding
- withdrawing from family, friends and previously enjoyable activities
- poor job or school performance
- ingesting dangerously high doses
- snorting or injecting medication to increase euphoria
- going to more than one doctor for medications
- feigning physical illness or pain to obtain more medications
- drinking alcohol with medication
- combining medications
- lying about dosage
- accidents or injury

Overdose

Because opioid analgesic medication produces tolerance, overdosing can and does occur in patients who take more than the recommended dosage. The major complications of opioid overdose are accidents and injury due to drug impairment and respiratory depression.

Opioids should not be taken with other central nervous system depressants such as alcohol, antihistamines, sleeping pills, barbiturates, benzodiazepines or general anesthetics. Combining these types of drugs is the most common, and most lethal way, to overdose.

For this reason opioids should only be prescribed by an experienced physician for a specific course of treatment. Careful monitoring of tolerance, dependence and other side effects are critical issues in the management of patients on these medications.

Withdrawal

Withdrawal symptoms occur when the drug is abruptly discontinued or reduced to a level below that to which the body has adapted. Symptoms of withdrawal include:

- agitation
- drug craving
- restlessness
- shaking
- body aches and cramps
- sleep disturbances, mostly insomnia
- diarrhea and nausea

- sweating and cold sweats
- hot and cold flashes
- twitchy and involuntary leg movements

Treatment

Treatment for opioid withdrawal generally involves slowly decreasing the dosage with a similar but less powerful drug. Some patients require hospitalization to insure their safety. In cases involving powerful narcotics such as OxyContin® dependence, methadone or buprenorphine, can be substituted and then slowly withdrawn. After detoxification drug craving, anxiety and depressive symptoms are common. Accordingly, supportive therapy and counseling are very important.

Opiate medications remain the most effective treatment for moderate to severe pain. Non-addictive alternatives to these medications such as acupuncture and biofeedback have been used with limited success in some individuals, and many people are benefiting from a combination of medication and alternative care.

If you have questions about opioids or any medication, ask your doctor. The more you know about your condition and treatment the better.

Resources

Smith H., Fishman S., Audette J., Bajwa Z. "Controversial Issues Involving Chronic Opioid Therapy." Program and abstracts of the 21st Annual Scientific Meeting of the American Pain Society; March 14-17, 2002; Baltimore, Md. Symposium 309.

National Consensus Development Panel on Effective Medical Treatment of Opiate Addiction. (1998) "Effective Medical Treatment of Opiate Addiction." *Journal of the American Medical Association*, 280:1936-1943.

NIDA: National Survey on Drug Use and Health (2008)

By Drew Edwards, EdD, MS

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